			HEALTH AND WELFARE	1-1-17	, ,	STATE FILE	NIIMRED
AMENDED		Registration District No. 16.3Primery Registration District No. 3596Registrar's No					
		-,	PLACE OF DEATH			nere deceased lived. If institution	
ا   ا		ı	a. COUNTY JEFFERSON		a. STATE MISSOU	$J \mathcal{R} J^{COUNTY} J \mathit{EFFERS}$	ON admission)
AMENDED		<u> </u>	b. CITY (If outside corporate limits, give TOWNSHIP only)	Length of stay in 1b	c. CITY	<u> </u>	Inside Limits
ME   ME		1	TOWN VALLE	68 YRS.	TOWN DESOT	חים	Yes 🗆 No
<u>₹</u>     }		<u> </u>	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR #	Inside Limits	d. STREET ADDRESS "	(If cutside, give location)	Reside on Farn
DATE		_	INSTITUTION Rr. #1 DE Soro.	Mo. Yes   No.	Rr.#	1	Yes No
<del>-</del>			. NAME OF DECEASED First	Middle	Last 4. DA		Year
		ı	(Type or print) ISAAC Fr	LVEN B	URNS DE	ATH JAN. 9	1962
		<u> </u>	SEX 6. COLOR OR RACE 7. Marr		8. DATE OF BIRTH 9. A	GE (last birthday) IF UNDER 1 YE	
		1	Widov	wed Divorced	L	Months Day	s Hours Mi
		10	· - · · · · · · ·	OF BUSINESS OR INDUSTRY	<del>1</del> 4/10/30/0	state or country) 12. CITIZEN C	OF WHAT COUNTR
		1	during most of working life, even if retired) FARMER	FARM	VALLE MIN	TEG MA II C	A1
		13		3b. MOTHER'S MAIDEN NAME	E LATETURE TITUE	IFS MO 1 S	FÉ <sup>41</sup>
	.	1	I.N.Burns	VANCY HAVER	C M T A V	HTI.DA RITENS	<del>y</del>
			. WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT	HILDA BURNS	· · · · · · · · · · · · · · · · · · ·
		{Y	es, no, or unknown) (If yes, give war or dates of service YES	bJ	HTLDA BURN	S DESOTO Mo.	Qm # 1
	5		18. CAUSE OF DEATH (Enter only one cause per line 1 PART I. DEATH WAS CAUSED BY:	<u></u>	11 4 45 50 50 50 50 50 50 50 50 50 50 50 50 50	·	INTERVAL BETWE
	亭			ORONARY THR			ONSET AND DEA
5	OCUMEN		IMMEDIATE CAUSE (a)	<u> Phonahi ihr</u>	OMBOSTS		2000 m
}     /							•
41   <u>j</u>		1	Conditions if any 1 DUF TO (b)				·
	ă		Conditions, if any, which gave rise to				
			which gave rise to above cause (a), stating the under-				
		z	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT		rminal PART III. If deceased	, was female
		TION	which gave rise to above cause (a), stating the under-	S CONTRIBUTING TO DEATH		there a preg	nancy in last 90
	DG	FICATION	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a)	a)	H but not related to the ter	there a preg	nancy in last 90
		RTIFICATION	which gave rise to above couse (a), stating the underlying cause last. DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (c)  19. WAS AUTOPSY   20s. ACCIDENT SUICIDE HOMIC	a)  CIDE 205. DESCRIBE HOV	H but not related to the ter	there a preg	No Unk
	DC	CERTIFI	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a)  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMIC	a)  CIDE 205. DESCRIBE HOV	H but not related to the ter	there a preg	No Unk
	)  -  -  -	CERTIFI	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a last condition given in PART	a)  CIDE 205. DESCRIBE HOV	H but not related to the ter	there a preg	nancy in last 90
	DG DC	MEDICAL CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO EQ  20a. ACCIDENT SUICIDE HOMIC CONDITIONS (a) ACCIDENT SUICIDE SUICI	CIDE 206. DESCRIBE HOV	H but not related to the ter	nature of injury in PART I or PART	nancy in last 90 No Unk
	DC	CERTIFI	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO  20c. TIME OF Hour Month, Day, Year INJURY DESCRIPTION MONTH, Day, Year INJURY OCCURRED 20c. PLACE OF INJURY	20b. DESCRIBE HOV	H but not related to the ter	nature of injury in PART I or PART	nancy in last 90 No Unk
	DC DC	CERTIFI	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO COLUMN NORTH NO	Y (e.g., in or about home, 2 test, office bldg., etc.)	H but not related to the ter	nature of injury in PART I or PART	nancy in last 90 No Unk
	) DC	CERTIFI	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO EX 20a. ACCIDENT SUICIDE HOMIC PERFORMED SUICIDE HOMIC PERFORMED SUICIDE HOMIC PERFORMED SUICIDE HOMIC PERFORMENT SUICIDE PERFORMENT	Y (e.g., in or about home, 2 let, office bldg., etc.)	H but not related to the ter W INJURY OCCURRED. (Enter ROF. CITY, TOWN, OR LOCAT	nature of injury in PART I or PART	nancy in last 90  No Unk  II of item 18.)
	DC	CERTIFI	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO EX 20a. ACCIDENT SUICIDE HOMIC PERFORMED SUICIDE HOMIC PERFORMED SUICIDE HOMIC PERFORMED SUICIDE HOMIC PERFORMENT SUICIDE PERFORMENT	Y (e.g., in or about home, 2 let, office bldg., etc.)	H but not related to the ter W INJURY OCCURRED. (Enter ROF. CITY, TOWN, OR LOCAT	nature of injury in PART I or PART	nancy in last 90 No Unk II of item 18.)
OKAN DEPARTMENT OF THE PROPERTY OF THE PROPERT	0	CERTIFI	which gave rise to above couse (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES   NO EX    20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY farm, factory, streen the control of the control	Y (e.g., in or about home, 2 set, office bldg., etc.)	H but not related to the ter W INJURY OCCURRED. (Enter ROF. CITY, TOWN, OR LOCAT	nature of injury in PART I or PART	nancy in last 90  No Unk  II of item 18.)  STAT
OKAN DEPARTMENT OF THE PROPERTY OF THE PROPERT	T OF DC	CERTIFI	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO EX 20a. ACCIDENT SUICIDE HOMIC PERFORMED SUICIDE HOMIC PERFORMED SUICIDE HOMIC PERFORMED SUICIDE HOMIC PERFORMENT SUICIDE PERFORMENT	Y (e.g., in or about home, 2 set, office bldg., etc.)	W INJURY OCCURRED. (Enter 2016, CITY, TOWN, OR LOCAT 2016 and last sale date stated above, and to the	nature of injury in PART I or PART	state  c causes stated.
KEAU INST	T OF D	MEDICAL CERTIFI	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO 20. ACCIDENT SUICIDE HOMIC PERFORMED? YES NO 20. TIME OF Hour Month, Day, Year INJURY a.m. P.m.  20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 100 Parm, factory, streen the peath occurred at 100 Parms 100 P	Y (e.g., in or about home, 2 ter, office bldg., etc.)	W INJURY OCCURRED. (Enter Months) of Color of Co	nature of injury in PART I or PART  ION COUNTY  The best of my knowledge, from the	state    STAT
SHOULD READ	0	MEDICAL CERTIFI	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a)  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMIC PERFORMED? YES NO EX 20a. Month, Day, Year INJURY a.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK 20a. PLACE OF INJURY farm, factory, stree NOT WHILE AT WORK 20a. PLACE OF INJURY farm, factory, stree 20a. BURIAL, CREMATION 23b. DATE (Degree or title REMOVAL (Specify) 23b. DATE 23c. N	Y (e.g., in or about home, 2 met, office bldg., etc.)  Y (e.g., in or about home, 2 met, office bldg., etc.)	W INJURY OCCURRED. (Enter of the control of the con	nature of injury in PART I or PART  TION COUNTY  The best of my knowledge, from the county in the co	state    No
A NO. SHOULD READ	FIDAVIT OF D	MEDICAL CERTIFI	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES NO E  20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 100 MILE AT WORK 100	Y (e.g., in or about home, 2 met, office bldg., etc.)  Y (e.g., in or about home, 2 met, office bldg., etc.)	W INJURY OCCURRED. (Enter of the control of the con	nature of injury in PART I or PART  TION COUNTY  The best of my knowledge, from the county in the co	state    STAT
SHOULD KEAD	T OF D	MEDICAL CERTIFI	which gave rise to above cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS disease condition given in PART I (a)  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMIC PERFORMED? YES NO EX 20a. Month, Day, Year INJURY a.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK 20a. PLACE OF INJURY farm, factory, stree NOT WHILE AT WORK 20a. PLACE OF INJURY farm, factory, stree 20a. BURIAL, CREMATION 23b. DATE (Degree or title REMOVAL (Specify) 23b. DATE 23c. N	Y (e.g., in or about home, 2 let, office bldg., etc.)  2	W INJURY OCCURRED. (Enter of the control of the con	nature of injury in PART I or PART  TION COUNTY  The best of my knowledge, from the county in the co	STATE Causes stated.

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FEB 1 1962

## STATEMENT BY LICENSED EMBALMER

	I hereby	certify that the body whose name	e is recorded on the reverse side of this certificate was embalmed by me,
or by _			, Student Embalmer No
working	g under m	y personal supervision.	Signed Small B. Stelling
Student		Charles of Control College	Signed Small Datelline
		Signature of Student Embalmer	Licensed Embalmer No. 4404

P. O. Address Datato

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.